

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 988	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1					
2		1	1				
3	2		1				
4	0		1				
5	0		1				
6	0		1				
7	0	1	1				
8	1		1				
9	1		1				
10	2		1				
11	0		1				
12	1	1	1				
13	1		1				
14		1	1				
15		1	1				
16	3		4				
17	3		1				
18	0		1				
19	0	1	1				
20	1		1				
21		1	1				
22	2		1				
23	1		1				
24		1	1				
25	2		1				
26	2		1				
27	0	1	1				
28	1		1				
29		1	1				
30	2		1				
31			1				
32			1				
33			1				
34			1				
35			1				
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			7				
TOTAL DEP.			28				
TOTAL CLAIMS			35				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS